

DISCLOSURE STATEMENT

**ANNUAL CONFLICT OF INTEREST DISCLOSURE
MILLARD COUNTY**

20²⁴

Utah Code Annotated, Section 17-70-509

STATE OF UTAH)
: ss.
COUNTY of MILLARD)

The undersigned, Tiffany Nelson

490 N. 350 E. Delta UT 84024
(Name and address)

herby gives notice pursuant to Section 17-70-509, of Utah Code Annotated, as to the following:

A. The name and address of each of the undersigned's current employers and each of the undersigned employers during the preceding year:

Blue Mtn. Dental

60 S. 300 E. Delta UT 84024

B. A brief description of the employment described in section (A), including the undersigned's occupation and job title:

Dental Hygienist R.D.H.

C. The name of the undersigned's spouse and any other adult residing in the undersigned's household who is not related by blood or marriage, as applicable:

Josh Nelson

D. The name and address of each of the undersigned's spouse's current employers and each of the undersigned employers during the preceding year:

Ash Grove Cement

E. A brief description of the employment and occupation of each adult who: resides in the undersigned's household and is not related to the undersigned by blood or marriage.

Josh Nelson - Plant Manager Ash Grove Cement

F. For each entity in which the undersigned is an owner or officer: the name of the entity, a brief description of the type of business or activity conducted by the entity, and the regulated officeholder's position in the entity:

Na

G. A list of each individual, from whom, or entity, from which, the undersigned has received \$5,000 or more in income during the preceding year: the name of the individual or entity and a brief description of the type of business or activity conducted by the individual or entity.

Na

H. For each entity in which the undersigned holds any stocks or bonds having a fair market value of \$5,000 or more as of the date of the disclosure form or during the preceding year, but excluding funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds: the name of the entity and a brief description of the type of business or activity conducted by the entity:

Na

I. For each entity not listed above, in which the undersigned currently serves, or served in the preceding year, in a paid leadership capacity or in a paid or unpaid position on a board of directors: the name of the entity or organization, a brief description of the type of business or activity conducted by the entity, and the type of position held by the undersigned:

Na

J. (Optional) A description of any real property in which the regulated officeholder holds an ownership or other financial interest that the regulated officeholder believes may constitute a conflict of interest, including a description of the type of interest held by the regulated officeholder in the property:

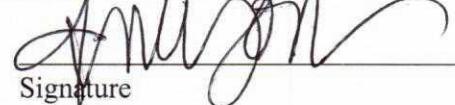
Na

K. (Optional) A description of any other matter or interest that the regulated officeholder believes may constitute a conflict of interest

The undersigned believes this form to be true and accurate to the best of the undersigned's knowledge.

DATED this 4 day of Jan

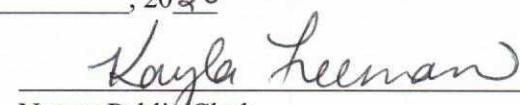
, 2026



Signature

SWORN TO this 6 day of Jan

, 2026



Notary Public/Clerk

DISCLOSURE STATEMENT

ANNUAL CONFLICT OF INTEREST DISCLOSURE
MILLARD COUNTY
2026

Utah Code Annotated, Section 17-70-509

STATE OF UTAH)
: ss.
COUNTY of MILLARD)

The undersigned, Sarah Richins
341 Willow Ave. Delta, UT 84624
(Name and address)

herby gives notice pursuant to Section 17-70-509, of Utah Code Annotated, as to the following:

A. The name and address of each of the undersigned's current employers and each of the undersigned employers during the preceding year:

Fathom Realty

1443 W. 800 N. Orem, UT 84057

B. A brief description of the employment described in section (A), including the undersigned's occupation and job title:

Real Estate Agent

C. The name of the undersigned's spouse and any other adult residing in the undersigned's household who is not related by blood or marriage, as applicable:

Adam Richins

D. The name and address of each of the undersigned's spouse's current employers and each of the undersigned employers during the preceding year:

Millard County

71 S. 200 W. Delta, UT

E. A brief description of the employment and occupation of each adult who: resides in the undersigned's household and is not related to the undersigned by blood or marriage.

Plantler / Building Official

F. For each entity in which the undersigned is an owner or officer: the name of the entity, a brief description of the type of business or activity conducted by the entity, and the regulated officeholder's position in the entity:

American Legion Auxiliary - President

Millard Care & Rehab - Board Member

G. A list of each individual, from whom, or entity, from which, the undersigned has received \$5,000 or more in income during the preceding year: the name of the individual or entity and a brief description of the type of business or activity conducted by the individual or entity.

NA

H. For each entity in which the undersigned holds any stocks or bonds having a fair market value of \$5,000 or more as of the date of the disclosure form or during the preceding year, but excluding funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds: the name of the entity and a brief description of the type of business or activity conducted by the entity:

NA

I. For each entity not listed above, in which the undersigned currently serves, or served in the preceding year, in a paid leadership capacity or in a paid or unpaid position on a board of directors: the name of the entity or organization, a brief description of the type of business or activity conducted by the entity, and the type of position held by the undersigned:

NA

J. (Optional) A description of any real property in which the regulated officeholder holds an ownership or other financial interest that the regulated officeholder believes may constitute a conflict of interest, including a description of the type of interest held by the regulated officeholder in the property:

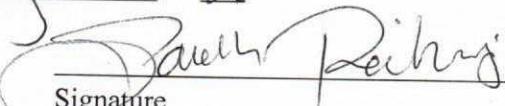
NA

K. (Optional) A description of any other matter or interest that the regulated officeholder believes may constitute a conflict of interest

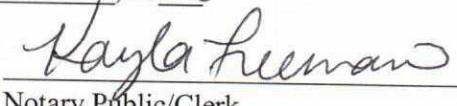
N/A

The undersigned believes this form to be true and accurate to the best of the undersigned's knowledge.

DATED this 6 day of January, 2026


Signature

SWORN TO this 6 day of Jan, 2026


Kayla Heeman

Notary Public/Clerk



Board of Education Member Conflict of Interest Disclosure

(If additional space or entries are required for any required disclosure item, attach additional pages containing the required information and identifying the disclosure item the information relates to. If additional pages are attached, please check this space: _____.)

Name: Ian Adams

Name of Board member's spouse (if any): Lani Adams

Name of each adult residing in Board member's household but not related by blood or marriage (if any): _____

Employment

Board member's current employer(s)

Name of employer: Fillmore Feed + Farm

Address of employer: 560 n. main

Description of Board member's employment with employer: Owner - Feed and Farm
store

Board member's job title with employer: Owner

Board member's occupation with employer: Owner

Name of employer: _____

Address of employer: _____

Description of Board member's employment with employer: _____

Board member's job title with employer: _____

Board member's occupation with employer: _____

Board member's employer(s) during the past year

(List any employers during the past year not listed above.)

Name of employer: _____

Address of employer: _____

Description of Board member's employment with employer: _____

Board member's job title with employer: _____

Board member's occupation with employer: _____

Entities

Affiliated entities

(List each entity of which the Board member is currently or in the prior year was an owner or officer)

Name of entity: _____

Board member's position in the entity: _____

Description of the type of business or activity conducted by the entity: _____

Name of entity: _____

Board member's position in the entity: _____

Description of the type of business or activity conducted by the entity: _____

Investment interests

(List any entity in which the Board member holds stocks or bonds with a fair market value equal to or greater than \$5,000, valued either at present or within the prior year. This excludes funds managed by a third party, such as blind trusts, managed investment accounts and mutual funds.)

Name of entity: _____

Description of the type of business or activity conducted by the entity: _____

Name of entity: _____

Description of the type of business or activity conducted by the entity: _____

Other income

(List each individual or entity from whom the Board member received \$5,000 or more in income during the preceding year. Note that if the Board member provides goods or services to multiple customers or clients as part of a business and licensed profession, the Board member is only required to provide this information in relation to the entity or practice through which the Board member provides the goods and services and is not required to provide information about the Board member's individual customers or clients.)

Name of individual or entity: Utah Retirement System

Description of the type of business or activity conducted by the individual or entity: Pension

Name of individual or entity: _____

Description of the type of business or activity conducted by the individual or entity: _____

Entity leadership positions

(List each entity not listed above for which the Board member is currently or in the prior year was either in a paid leadership capacity or in a paid or unpaid position on a board of directors)

Name of entity or organization: _____

Board member's position with the entity or organization: _____

Description of the type of business or activity conducted by the entity: _____

Name of entity or organization: _____

Board member's position with the entity or organization: _____

Description of the type of business or activity conducted by the entity: _____

Spouse Employment

Current employer(s) of spouse

Name of spouse employer: Millard School District

Address of spouse employer: _____

Description of spouse's employment with employer: 4th grade teacher

Spouse's job title with employer: Teacher

Spouse's occupation with employer: Teacher

Name of spouse employer: Fillmore Feed + Farm

Address of spouse employer: 560 n. Main

Description of spouse's employment with employer: Owner

Spouse's job title with employer: Owner

Spouse's occupation with employer: Owner

Spouse employer(s) during the past year

(List any employers of the Board member's spouse during the past year not listed above.)

Name of spouse employer: _____

Address of spouse employer: _____

Description of spouse's employment with employer: _____

Spouse's job title with employer: _____

Spouse's occupation with employer: _____

Affiliated Adult Employment

(Complete for each adult residing in Board member's household but not related by blood or marriage)

Affiliated adult's name: _____

Affiliated adult's occupation: _____

Description of affiliated adult's employment: _____

Affiliated adult's name: _____

Affiliated adult's occupation: _____

Description of affiliated adult's employment: _____

Optional Disclosures

If desired, describe any real property in which the Board member holds an ownership or other financial interest that the Board member believes may constitute a conflict of interest:

Description of real property:

Description of the type of interest held by the Board member:

If desired, describe any other matter or interest that the Board member believes may constitute a conflict of interest:

Description of matter or interest:

Description of matter or interest:

I believe that the information provided with this disclosure statement is true and accurate to the best of my knowledge.

Date Disclosure Completed 1-15-26

Board Member Signature:



Board of Education Member Conflict of Interest Disclosure

(If additional space or entries are required for any required disclosure item, attach additional pages containing the required information and identifying the disclosure item the information relates to. If additional pages are attached, please check this space: _____.)

Name: Diane George

Name of Board member's spouse (if any): Jeff George

Name of each adult residing in Board member's household but not related by blood or marriage (if any): _____

Employment

Board member's current employer(s)

Name of employer: Retired

Address of employer: _____

Description of Board member's employment with employer: _____

Board member's job title with employer: _____

Board member's occupation with employer: _____

Name of employer: _____

Address of employer: _____

Description of Board member's employment with employer: _____

Board member's job title with employer: _____

Board member's occupation with employer: _____

Board member's employer(s) during the past year

(List any employers during the past year not listed above.)

Name of employer: Retired

Address of employer: _____

Description of Board member's employment with employer: _____

Board member's job title with employer: _____

Board member's occupation with employer: _____

Entities

Affiliated entities

(List each entity of which the Board member is currently or in the prior year was an owner or officer)

Name of entity: None

Board member's position in the entity: _____

Description of the type of business or activity conducted by the entity: _____

Name of entity: _____

Board member's position in the entity: _____

Description of the type of business or activity conducted by the entity: _____

Investment interests

(List any entity in which the Board member holds stocks or bonds with a fair market value equal to or greater than \$5,000, valued either at present or within the prior year. This excludes funds managed by a third party, such as blind trusts, managed investment accounts and mutual funds.)

Name of entity: None

Description of the type of business or activity conducted by the entity: _____

Name of entity: _____

Description of the type of business or activity conducted by the entity: _____

Other income

(List each individual or entity from whom the Board member received \$5,000 or more in income during the preceding year. Note that if the Board member provides goods or services to multiple customers or clients as part of a business and licensed profession, the Board member is only required to provide this information in relation to the entity or practice through which the Board member provides the goods and services and is not required to provide information about the Board member's individual customers or clients.)

Name of individual or entity: None

Description of the type of business or activity conducted by the individual or entity: _____

Name of individual or entity: _____

Description of the type of business or activity conducted by the individual or entity: _____

Entity leadership positions

(List each entity not listed above for which the Board member is currently or in the prior year was either in a paid leadership capacity or in a paid or unpaid position on a board of directors)

Name of entity or organization: _____

Board member's position with the entity or organization: _____

Description of the type of business or activity conducted by the entity: _____

Name of entity or organization: _____

Board member's position with the entity or organization: _____

Description of the type of business or activity conducted by the entity: _____

Spouse Employment

Current employer(s) of spouse

Name of spouse employer: IPSC

Address of spouse employer: 850 Brush Wellman Rd

Description of spouse's employment with employer: train new technology, safety, CPR, first aid

Spouse's job title with employer: trainer

Spouse's occupation with employer: _____

Name of spouse employer: _____

Address of spouse employer: _____

Description of spouse's employment with employer: _____

Spouse's job title with employer: _____

Spouse's occupation with employer: _____

Spouse employer(s) during the past year

(List any employers of the Board member's spouse during the past year not listed above.)

Name of spouse employer: _____

Address of spouse employer: _____

Description of spouse's employment with employer: _____

Spouse's job title with employer: _____

Spouse's occupation with employer: _____

Affiliated Adult Employment

(Complete for each adult residing in Board member's household but not related by blood or marriage)

Affiliated adult's name: _____

Affiliated adult's occupation: _____

Description of affiliated adult's employment: _____

Affiliated adult's name: _____

Affiliated adult's occupation: _____

Description of affiliated adult's employment: _____

Optional Disclosures

If desired, describe any real property in which the Board member holds an ownership or other financial interest that the Board member believes may constitute a conflict of interest:

Description of real property: None

Description of the type of interest held by the Board member: _____

If desired, describe any other matter or interest that the Board member believes may constitute a conflict of interest:

Description of matter or interest: _____

Description of matter or interest: _____

I believe that the information provided with this disclosure statement is true and accurate to the best of my knowledge.

Date Disclosure Completed 1-14-26

Board Member Signature:

Janie George



Board of Education Member Conflict of Interest Disclosure

(If additional space or entries are required for any required disclosure item, attach additional pages containing the required information and identifying the disclosure item the information relates to. If additional pages are attached, please check this space: _____.)

Name: Jim Stephenson

Name of Board member's spouse (if any): Mindy Stephenson

Name of each adult residing in Board member's household but not related by blood or marriage (if any): _____

Employment

Board member's current employer(s)

Name of employer: Holden Dental

Address of employer: 50 N. Main Street Holden, UT 84636

Description of Board member's employment with employer: _____
Dentist

Board member's job title with employer: Dentist

Board member's occupation with employer: Dentist

Name of employer: N/A

Address of employer: _____

Description of Board member's employment with employer: _____

Board member's job title with employer: _____

Board member's occupation with employer: _____

Board member's employer(s) during the past year

(List any employers during the past year not listed above.)

Name of employer: N/A

Address of employer: _____

Description of Board member's employment with employer: _____

Board member's job title with employer: _____

Board member's occupation with employer: _____

Entities

Affiliated entities

(List each entity of which the Board member is currently or in the prior year was an owner or officer)

Name of entity: _____ *N/A*

Board member's position in the entity: _____

Description of the type of business or activity conducted by the entity: _____

Name of entity: _____

Board member's position in the entity: _____

Description of the type of business or activity conducted by the entity: _____



Investment interests

(List any entity in which the Board member holds stocks or bonds with a fair market value equal to or greater than \$5,000, valued either at present or within the prior year. This excludes funds managed by a third party, such as blind trusts, managed investment accounts and mutual funds.)

Name of entity: _____ *N/A*

Description of the type of business or activity conducted by the entity: _____

Name of entity: _____

Description of the type of business or activity conducted by the entity: _____



Other income

(List each individual or entity from whom the Board member received \$5,000 or more in income during the preceding year. Note that if the Board member provides goods or services to multiple customers or clients as part of a business and licensed profession, the Board member is only required to provide this information in relation to the entity or practice through which the Board member provides the goods and services and is not required to provide information about the Board member's individual customers or clients.)

Name of individual or entity: _____ *N/A*

Description of the type of business or activity conducted by the individual or entity: _____

Name of individual or entity: _____

Description of the type of business or activity conducted by the individual or entity: _____



Entity leadership positions

(List each entity not listed above for which the Board member is currently or in the prior year was either in a paid leadership capacity or in a paid or unpaid position on a board of directors)

Name of entity or organization: None

Board member's position with the entity or organization: _____

Description of the type of business or activity conducted by the entity: _____

Name of entity or organization: _____

Board member's position with the entity or organization: _____

Description of the type of business or activity conducted by the entity: _____

✓

Spouse Employment

Current employer(s) of spouse

Name of spouse employer: Intermountain Health

Address of spouse employer: 674 S. Hwy 99 Fillmore, UT 84025

Description of spouse's employment with employer: _____

Radiology Technician - part-time

Spouse's job title with employer: Radiology Technician

Spouse's occupation with employer: "

Name of spouse employer: _____

N/A

Address of spouse employer: _____

Description of spouse's employment with employer: _____

✓

Spouse's job title with employer: _____

Spouse's occupation with employer: _____

Spouse employer(s) during the past year

(List any employers of the Board member's spouse during the past year not listed above.)

N/A

Name of spouse employer: _____

Address of spouse employer: _____

Description of spouse's employment with employer: _____

Spouse's job title with employer: _____

✓

Spouse's occupation with employer: _____

Affiliated Adult Employment

(Complete for each adult residing in Board member's household but not related by blood or marriage)

Affiliated adult's name: _____ *N/A*

Affiliated adult's occupation: _____

Description of affiliated adult's employment: _____

Affiliated adult's name: _____

Affiliated adult's occupation: _____

Description of affiliated adult's employment: _____

Optional Disclosures

If desired, describe any real property in which the Board member holds an ownership or other financial interest that the Board member believes may constitute a conflict of interest:

Description of real property: _____ *none*

Description of the type of interest held by the Board member: _____

If desired, describe any other matter or interest that the Board member believes may constitute a conflict of interest:

Description of matter or interest: _____ *none*

Description of matter or interest: _____

I believe that the information provided with this disclosure statement is true and accurate to the best of my knowledge.

Date Disclosure Completed 1-15-2026

Board Member Signature: 